

**APPLYING THE RESEARCH TO IMPROVE MENTAL HEALTH
SERVICES IN JAILS: A WORKSHOP SUMMARY**

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BACKGROUND

Early in 1993 a first-of-its-kind Memorandum of Understanding (MOU) was signed between the Department of Justice, specifically the National Institute of Justice (NIJ) and the National Institute of Corrections (NIC), and the Center for Mental Health Services (CMHS) to collaborate on projects in the areas of policy, training, evaluation and data collection on mental health services for persons in contact with the criminal justice system. This document is the product of one activity under that MOU. On September 13-14, 1994, a workshop, co-sponsored by CMHS and NIJ, "Applying the Research for Mental Health Services in Jails," was conducted to bring together researchers, correctional and law enforcement professionals, mental health providers, representatives of key Federal agencies, consumer and family advocates to determine the best ways to use the current state of knowledge to implement positive change in the area of providing services to persons with mental illnesses in U.S. jails.

In addition, representatives from the Center for Substance Abuse Treatment (CSAT) and from its jail demonstration sites also attended this meeting. Substance abuse treatment interventions in jails are far more developed than mental health services. CSAT currently provides technical assistance and training activities for prison, jail, and community corrections demonstration projects. In addition, CSAT already provides some training and orientation on the mental health needs of offenders. The participation of CSAT and the demonstration sites provided both concrete information on the implementation of innovative programs and an expertise on a very large subgroup of persons with mental illnesses in jails, that is, persons with co-occurring substance abuse problems.

The focus of this workshop was on what we currently know about mental health services for jail detainees and how that knowledge can be put into practice. The workshop was organized into four panels composed of researchers, who presented overviews of relevant empirical data in a specified topic area, followed by two reactors, and an open discussion. The panels and discussion focused on two overriding questions:

- What is it that we can say with any assurance at this time?
- How do we translate what we do know into practical advice about planning, implementing and operating mental health services for jail detainees?

The major themes, which emerged during the workshop for integrating research and practice and specific recommendations for moving forward, are presented below.

THE STATE OF RESEARCH ON PERSONS WITH MENTAL ILLNESSES IN U.S. JAILS

Estimates of the prevalence of severely mentally ill persons in U.S. jails vary widely due to various methodological problems. The best estimates to date indicate that between 6 and 8 percent of persons admitted to U.S. jails suffer from one or more severe mental disorders. Further, while approximately 6 percent of male jail detainees suffer from severe mental disorder,

estimates are twice as high for female jail detainees (11 percent). Jail staff tend to identify persons who display bizarre or erratic behavior or thinking or have a history of mental health treatment as those in need of psychiatric services. However, staff do not generally do a good job in identifying persons with severe mental illness who are not disruptive.

Because jails have a constitutional duty to provide mental health treatment to those who require it, and a responsibility to provide a safe and secure environment for both staff and inmates, it is in the best interest of all concerned to identify all persons entering the jail who are suffering from serious mental illnesses. *In order to provide intensive screening and identification, jails must focus on four key issues: (1) psychiatric symptomatology, (2) behavioral cues, (3) recent substance use/abuse, and (4) social and cultural experience.* The distinction between behavior and symptoms of mental illnesses is an important one, because an individual with a serious mental disorder may not manifest disruptive behavioral signs, and display symptoms characteristic of a serious mental illness, such as major depression. Overlooking these mental health needs increases the risks to the individual and the liability of the institution.

The role of the local jail in the U.S. today is changing in many jurisdictions from predominantly pretrial detention and incarceration of misdemeanants to longer term incarceration of felons due to the severe overcrowding in many state prison facilities. For example, Texas has approximately 30,000 convicted felons who are state prisoners serving sentences in county jails. The mental health service system must respond to this changing environment. As a result, in addition to providing screening, crisis intervention, and stabilization services, mental health providers must also include some longer term services. *This is an area where Federal agencies can play a key role in funding demonstration programs and evaluations to examine how programs should be set up and operated to maximize resources and address the changing population.*

One of the largest groups within the population of jail detainees with mental illnesses are those persons with co-occurring substance abuse disorders. Estimates of the prevalence of co-occurring disorders range from 60 to 80 percent. *Regardless of the precise number, it is clear that mental health and substance abuse treatment models need to be integrated. We can no longer treat the two as separate systems of treatment, but must take into account the implications of each on the other in terms of screening, evaluation, treatment interventions and discharge planning.*

Persons with mental illnesses in jails are a heterogeneous group. This group differs widely on gender, race/ethnicity, and life experience. First, jail populations include a disproportionate number of males, but also a significant and growing number of females. In fact, there is a much higher percentage of severe mental disorder among female jail detainees than among male detainees. Further, it appears that women with mental illnesses in U.S. jails are "as disordered as the men, but in a very different way," in that they suffer from higher rates of severe disorders such as depression and Post-Traumatic Stress Disorder. *Research can help to identify what are the special needs of women in jails in order to develop programs tailored to their specific needs and identify ways to educate and train staff to respond to these needs.*

Similarly, persons of color require services that take into account cultural, experiential and language differences. Persons of color are over-represented in jails. Nearly half of all persons in U.S. jails are African-American, while 14 percent are of Hispanic descent. The magnitude of this over-representation is clear when one considers that only 11 percent of the U.S. population in 1989 was African-American and all other non-White, non-European ethnic/racial groups composed just three percent. *To respond to these issues, research should focus on developing models for increasing cultural competencies and translating the models into training programs.*

Other special needs exist, including sexual orientation issues and how they differ for incarcerated men and women, and sensitivity to persons suffering from HIV and AIDS. The next step for research and program planning is to develop ways to respond to the specific needs of these individuals rather than responding to them as one large group - the mentally ill.

EFFECTIVE COMMUNICATION OF RESEARCH RESULTS

Research is not a single activity, but a continuum of activities that range from simple numbers gathering to formal experimental, longitudinal designs. It can be conceived as involving three principal levels: (1) descriptive or operations research, (2) demonstrations and program evaluation, and (3) experimental and/or longitudinal studies. It is clear that some research can be, and has been performed, within existing structures. This is data routinely gathered for the purpose of improving management, such as the prevalence of specific subgroups, the utilization of types of services, the number of incidents, and the average length of confinement. Program evaluation and experimental studies are more focussed and carefully designed methods of data gathering that are increasingly important to advance our base of knowledge. *Technical assistance programs should be expanded to improve the level of knowledge and assist in the design of program evaluation and demonstration projects. Findings from descriptive studies can be used to provide justification for comprehensive demonstration projects and experimental research to evaluate program effectiveness.* At this time, priority should be placed on descriptive studies and program evaluation projects, with an increasing emphasis on experimental designs, as basic information regarding what works emerges.

Strategic planning means developing policies and services with an eye toward the future. This means considering the natural evolution of systems as well as larger policy shifts, such as health care reform and anti-crime legislation. Anti-crime legislation has increased expenditures for criminal justice. Further, if resources for community-based mental health services continue to decline, the number of persons with mental illnesses in jails will increase. These larger systemic issues will filter down to have significant impact on day-to-day operations, without considering the institutional capacity to respond to specific populations' needs or to help individuals function in the community. If society believes that the problem lies in lack of jail space, then the criminal justice and mental health systems must be prepared to work within that mentality while carrying out their duty. *Strategic planning requires information regarding the current state, forecasting the future state, and identifying and anticipating desired and undesired outcomes of any policy change.*

The role of research in providing quality mental health services is documenting what programs are effective and what programs are not effective. Further, information that can be generalized across jurisdictions is one of the needs mentioned by representatives from the front line. To assist mental health and criminal justice professionals in their dealings with local legislators and policy makers, there is a need for concise, targeted and generalizable information on what works. *To convince legislators and policy makers to fund programs, the information should be brief and to the point, in the form of fact sheets, one-page summaries, documents on model programs, and other concise planning documents or blueprints.*

Complex research methodology will not make much of a difference to front line providers, unless the key findings are distilled and targeted to the specific user. *In order to reach those who are involved in the day-to-day operations within the criminal justice and mental health systems, it is necessary to gear the information to that audience through effective marketing.* To market information, we must know who the user is, what are the organizational environments and constraints, what are the informational needs, and what channels does the user typically use to gather information for decision-making. Research can be tailored to the user and disseminated through brochures and fact sheets sent to all jails and community mental health providers across the U.S., through presentations and resource material made available at national conferences, such as those sponsored by the American Jail Association or the National Sheriff's Association, or through meetings such as this.

RECOMMENDATIONS FOR MOVING FORWARD

Several major themes emerged during the workshop as key topics for discussion and planning: (1) recognition of the population being served, (2) the need for targeted information on what works, (3) developing research agendas to provide needed information to the field, (4) planning services and funding with an eye toward impending health care reform, (5) systems collaboration to continue progress in this area, and (6) the need for an infrastructure to coordinate activities. The following is a summary of each of the key recommendations from the meeting and the issues involved in each.

- 1. When planning services, there must be a recognition and understanding of the specific population being served.**

The role of jails in the U.S. is shifting from short-term detention to longer terms of confinement. This shift presents new concerns for those providing mental health services to this population, including the need to provide longer term treatment interventions. Among the changing general jail population, there are several specific populations that require special consideration when planning services. These populations include persons of color, women, homeless persons, and those suffering from HIV or AIDS. The special needs of each of these groups must be recognized in terms of planning and staffing programs in the jail.

In addition to these special groups are those who are suffering from both a mental illness and substance abuse, and who, according to current research, compose the majority of the mentally ill population in jails. To begin to better serve this group, CMHS should collaborate

with CSAT on placing a priority on persons with dual diagnoses. CMHS and CSAT might jointly sponsor demonstration projects that focus on innovative strategies to provide services to persons with dual diagnoses. This could effectively build on CSAT's current program within their Criminal Justice Branch, including the Target Cities Program, the Drug Court Program, the Women's Program, and the Special Needs Prisons Program.

Further, to facilitate a better understanding among those in the field regarding these issues, CMHS plans to co-sponsor a series of conferences with CSAT within the next two years to highlight the emerging findings from studies of the dually diagnosed in jail, in prisons, in community corrections, and for special populations such as persons of color and women.

2. There is a strong need for targeted, digestible information on what works.

Dissemination of research information should focus on findings that can be generalized across jurisdictions. This data, particularly demonstrated outcomes and cost-effectiveness, must be made available to the people who are making the decisions. Persons who are developing service programs need a profile of what has worked in other jurisdictions to convince their local government officials to fund new programs or to modify existing programs. A need exists for concise and targeted information, such as fact sheets or one-page summaries that can be used to bring the information to a wide variety of people.

The dissemination of research and programmatic information could be greatly enhanced by continuing support to technical assistance centers, such as the Technical Assistance Network already established with NIC for the mentally ill in jails. NIC's program could be strengthened by increasing the number of Resource Centers, which would increase its capacity to provide information, training workshops on a regional basis, and specialized technical assistance (such as the development of training videos, video conferencing, workshops at mental health and criminal justice professional conferences, and a specialized Mental Health and Criminal Justice monograph series).

3. Research findings can be a core piece of strategic planning.

Research is invaluable for program development to assess the value of particular courses of action. Specifically, research findings can inform decision-makers about the implications of a particular plan, particularly the intended outcomes, possible consequences, the cost-effectiveness of a program.

To build a base of knowledge, federal agencies must support both demonstration programs and targeted experimental research. CMHS, CSAT, NIMH, and NIJ must begin to identify priorities for these types of research. In addition to the direct support of research, mechanisms that can identify useful empirical findings from their sponsored research and other related areas, such as the ACCESS, CSP, and CASSP programs, is critical.

4. Attention must be given to the role of health care reform.

Any planning for mental health services for persons in contact with the criminal justice system must recognize the impact that new models for financing health care will have in the future. Shifts to managed care system, privatization, and new funding streams all will have to be carefully considered in these analyses.

5. Collaboration is an important component of information exchange and systems' change.

Bringing together representatives of all constituencies is crucial to optimize the information available, paths of dissemination, and opportunities for collaborative efforts. It is important to note that every agency and constituent will have different goals in mind. Therefore, collaboration must begin with consensus building around shared goals. Collaboration can occur at the local, regional, or national level.

At the federal level, such collaboration may have a broad impact. The creation of a working group composed of representatives of Federal agencies, mental health and substance abuse service providers, correctional and law enforcement professionals, consumers, family members, and researchers who have responsibilities either directly or indirectly for the care of persons with mental illnesses who come into contact with the criminal justice system is a first step toward solving the multiple problems of this population.

6. There is a need for an infrastructure to coordinate information sharing and knowledge dissemination.

To provide effective interventions in jails, a comprehensive and integrated approach is needed. In addition, data gathering and research must also be targeted to investigations of holistic interventions. Individuals with mental illnesses in jail often have multiple problems, including substance abuse, lack of education or job skills, and lack of access to housing and social services.

Each of these problem areas is the focus of one or more federal agencies. Fragmentation of services and funding streams has limited the usefulness of interventions, because these are not single issue people. Federal agencies must develop an infrastructure that provides support for collaboration on program development, implementation, evaluation and, finally, the dissemination of relevant information. Such an infrastructure could provide broad vision and long-term goals, while assisting participating agencies in the coordination of shared activities. The time is right for the development of a nationally recognized locus of activity with the federal government. Some type of center charged with collecting, integrating and disseminating existing and future research results towards significant institutional change for improved mental health and substance abuse services is badly needed.

CONCLUSION

Both CMHS and CSAT intend to continue the dialogue begun at this meeting and hope to develop an ongoing collaboration on these issues. Specifically, CMHS has concrete plans to initiate a "Mentally Ill in Jails Technical Assistance Priority" as part of its 5-year strategic plan to establish a leadership role for the mental health and criminal justice interface, while collaborating with other key federal agencies.

Among the initiatives developed by the CMHS are to:

- focus attention on the priority group of the dually diagnosed in collaboration with CSAT;
- build upon the Technical Assistance Network already established with NIC for persons in contact with the criminal justice system, especially with an eye towards an identifiable Center which could provide a national focal point for federal initiatives for these issues;
- continue working with NIJ and begin working with NIMH on building appropriate research agendas; and
- begin working with the National Commission on Correctional Health Care Accreditation to improve standards in correctional facilities as they relate to mental health services.

Another proposed development is to establish a center that integrates information and activities of multiple constituencies. Support should continue to be channelled to hands-on training and technical assistance, such as that provided by CSAT and NIC. However, mechanisms that can systematically identify, assess and disseminate other types of information, while providing an infrastructure that can coordinate the mutual activities of several Federal agencies, are needed. CMHS, CSAT, and the justice agencies can join together to develop an infrastructure that provides support for collaboration on program development, implementation, evaluation and, finally, the dissemination of relevant information. Such an infrastructure could provide broad vision and long-term goals, while assisting participating agencies in the coordination of shared activities.

There is, and probably always will be, a tension between the need for research and the need for service dollars. The participants on this workshop expressed hope that this meeting, "Applying the Research for Mental Health Services in Jails," will serve as one step towards integrating these two needs to effectively address the fundamental issue at hand - providing mental health services to detainees in our nation's jails.